THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKALAKSHMI): (a) to (d) Sickle Cell Anemia is prevalent in various states viz., Maharashtra, Gujarat, West Bengal, Punjab, Karnataka, Tamil Nadu, Orissa, Chhattisgarh, Madhya Pradesh and Btfiar, as per studies conducted by the Indian Council of Medical Research (ICMR) through multicentric projects in these States. The disease is also reported to be prevalent in other States like Uttar Pradesh and Kerala by various scientists working in the area. ICMR has already established research centres in 10 states for carrying out research on haemoglobinopathies, which include Sickle Cell Anemia and Thalassemia. Council has completed a screening programme in tribal population followed by simple intervention method to reduce the sickle cell crisis in the affected children. The Council also proposes to establish molecular diagnostic facilities in these centers and to identify new centers in other states like Rajasthan.

National AIDS Control Programme

666. SHRI NANDI YELLAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether government have completed the process of formulating the plan for phase-Ill of the National AIDS Control Programme (NACP) and evolved the national functional frame for implementing it;

(b) if so, the details in this regard, indicating the names of the States which are to be given priority in this phase;

(c) the details of the scheme, if any, proposed by the government of Andhra Pradesh for inclusion in phase-Ill of NACP; and

(d) the decision of Government thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKALAKSHMI): (a) The process for formulating the Phase-Ill of the National AIDS Control Programme is yet to be completed. Based on participatory and consultative process involving the states, development partners and the civil society, including people living with HIV/AIDS (PLHA), a strategic Framework outlining the vision, goal, objectives and thrust areas for NACP-III has been evolved.

(b) States are in the process of formulating their action plans based on the framework formulated for the Phase-Ill of the National AIDS Control Programme. The action plans are still to be finalized. High prevalence and North Eastern states will be given priority in the Phase III of the programme.

(c) The state-level plans are under formulation by the States AIDS Control Societies.

(d) Does not arise.

Bogus doctors

667. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that there are bogus doctors in country who have acquired degrees through malpractice;

(b) if so, how many such doctors are there in the country, State-wise;

(c) what steps Government have taken/proposed to be taken in this matter;

(d) whether Government are aware that Literary Conferences are giving such degrees; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKALAKSHMI): (a) to (e) As per the provisions of Indian Medical Council Act, 1956, Indian Medicine Central Council Act, 1970 and Homeopathy Central Council Act, 1973, only medical practitioners registered under the provisions of the respective Acts are eligible to practice in the concerned system of medicine. Provisions exist in these Acts to take action against unregistered practitioners of medicine. Any person who acts in contravention of the provisions can be punished with imprisonment and fine under respective Acts. The Government do not maintain list of unregistered doctors.